

<i>SERFF Tracking Number:</i>	<i>LHLI-127383069</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49765</i>
<i>Company Tracking Number:</i>	<i>ICC11MDBDMTST-AR ETAL WM</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Ten Year Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Sterling Investors Life Insurance Company

Product Name: Individual Ten Year Term Life Insurance SERFF Tr Num: LHLI-127383069 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-Closed State Tr Num: 49765

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life Co Tr Num: ICC11MDBDMTST-AR ETAL WM State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig, Robin Sellars

Date Submitted: 09/12/2011 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/15/2011
State Status Changed: 09/15/2011
Created By: Wanda McNeece
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Wanda McNeece
Filing Description:
Sterling Investors Life Insurance Company

NAIC # 89184

SERFF Tracking Number: LHLI-127383069 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
Company Tracking Number: ICC11MDBDMTST-AR ETAL WM
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

ICC11GDBDMTST-AR – Individual Term Life Insurance Policy with Graded Death Benefit

ICC11DMTST-AR – Application for Individual Term Life Insurance Policy

ICC11SILREINSAPP-AR – Reinstatement Application for Individual Term Life Insurance Policy

We are submitting the above listed forms for review and approval. These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

These forms will be marketed through direct response mailings.

Sterling Investors Life Insurance Company has authorized Lincoln Heritage Life Insurance Company to file the above listed forms on their behalf. We have attached a copy of the authorization letter to the supporting documentation tab of this filing.

Form ICC11GDBDMTST-AR is an individual term life insurance policy with graded death benefits, due to natural causes, during the first two policy years. This form includes an accidental death benefit provision that is payable from the date of issue of the policy. We will issue this form to individuals that do not qualify for standard coverage. We issue form TLSIL10-AR to individuals qualifying for standard coverage. Form TLSIL10-AR was filed under SERFF tracking number LHLI-126833988 and was approved on October 5, 2010.

Form ICC11DMTST-AR is an application that will initially be used to apply for the individual term coverage.

Form ICC11SILREINSAPP-AR is the reinstatement application that will initially be used for the reinstatement of the term life insurance policies of our current policyholders that may lapse.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

Sincerely
Wanda McNeece
Senior Compliance Associate

Company and Contact

Filing Contact Information

Wanda McNeece, wanda.mcneece@londen-insurance.com

SERFF Tracking Number: LHLI-127383069 State: Arkansas
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 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance
 Project Name/Number: /

4343 E Camelback Rd 800-433-8181 [Phone]
 Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Sterling Investors Life Insurance Company CoCode: 89184 State of Domicile: Georgia
 210 E Second Avenue, Suite 105 Group Code: Company Type: Life
 Rome, GA 30161 Group Name: State ID Number:
 (706) 235-8154 ext. [Phone] FEIN Number: 59-1838073

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: 3 forms x \$25 per form = \$75
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Investors Life Insurance Company	\$75.00	09/12/2011	51494335
Sterling Investors Life Insurance Company	\$75.00	09/13/2011	51540078

SERFF Tracking Number: LHLI-127383069 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/15/2011	09/15/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/14/2011	09/14/2011	Wanda McNeece	09/15/2011	09/15/2011
Pending Industry Response	Linda Bird	09/13/2011	09/13/2011	Wanda McNeece	09/13/2011	09/13/2011

<i>SERFF Tracking Number:</i>	<i>LHLI-127383069</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Ten Year Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 09/15/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-127383069 State: Arkansas
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
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 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Authorization to file		Yes
Supporting Document	Certification of Compliance		Yes
Form (revised)	Individual Ten Year Term Life Insurance		Yes
	Policy with Limited death benefit		
Form	Individual Ten Year Term Life Insurance	Replaced	Yes
	Policy with Limited death benefit		
Form	Application for Individual Ten Year Term		Yes
	Life Insurance		
Form	Reinstatement Application for Individual		Yes
	Ten Year Term Life Insurance		

SERFF Tracking Number: LHLI-127383069 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/14/2011
Submitted Date 09/14/2011
Respond By Date 10/14/2011

Dear Wanda McNeece,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: LHLI-127383069 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
Company Tracking Number: ICC11MDBDMTST-AR ETAL WM
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/15/2011
Submitted Date 09/15/2011

Dear Linda Bird,

Comments:

We have received your objection dated September 15, 2011 and are responding with the following changes and information.

Response 1

Comments: We assure you that we include the information required by Ark. Code Ann. 23-79-138 with all policies we issue to individuals in the state of Arkansas.

We assure you that we include with all policies we issue the Life and Health Guaranty Association Notice to comply with Regulation 49.

We have uploaded to the supporting documentation tab of this filing the certification required to comply with Regulation 10 s 10B under the title Certification of Compliance.

We have revised the Suicide provision to comply with Ark. Code Ann. 23-81-115(a)(2)(E) by removing the second sentence of the provision.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

SERFF Tracking Number: LHLI-127383069 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
Company Tracking Number: ICC11MDBDMTST-AR ETAL WM
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Ten Year Term Life Insurance Policy with Limited death benefit	ICC11GD BDMTST- AR		Policy/Contract/Fraternal Certificate	Initial		50.000	ICC11GD BDMTST- AR.pdf
Previous Version							
Individual Ten Year Term Life Insurance Policy with Limited death benefit	ICC11GD BDMTST- AR		Policy/Contract/Fraternal Certificate	Initial		50.000	ICC11GD BDMTST- AR.pdf

No Rate/Rule Schedule items changed.

We appreciate your continued consideration of these forms and your help in getting them approved.

Sincerely,

Cathy Patterson, Robin Sellars, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

SERFF Tracking Number: LHLI-127383069 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/13/2011
Submitted Date 09/13/2011
Respond By Date 10/13/2011

Dear Wanda McNeece,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$75.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking Number: LHLI-127383069 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
Company Tracking Number: ICC11MDBDMTST-AR ETAL WM
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/13/2011
Submitted Date 09/13/2011

Dear Linda Bird,

Comments:

We have received your objection dated September 13, 2011 and are responding with the following:

Response 1

Comments: We have submitted additional filings as required. We apologize for our confusion, as we did not understand that the filing fees should be the higher amount of the Arkansas fees or the retaliatory fees.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$75.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We appreciate your continued consideration of this filing and help in getting these forms approved.

Sincerely,

Cathy Patterson, Robin Sellars, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

SERFF Tracking Number: LHLI-127383069 State: Arkansas

Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765

Company Tracking Number: ICC11MDBDMTST-AR ETAL WM

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

Form Schedule

Lead Form Number: ICC11GDBDMTST-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ICC11GDB	Policy/Cont	Individual Ten Year	Initial		50.000	ICC11GDBD
	DMTST-AR	ract/Fratern	Term Life Insurance				MTST-AR.pdf
		al	Policy with Limited				
		Certificate	death benefit				
	ICC11DMT	Application/	Application for	Initial		50.000	ICC11DMTST
	ST-AR	Enrollment	Individual Ten Year				-AR.pdf
		Form	Term Life Insurance				
	ICC11SILR	Application/	Reinstatement	Initial		50.000	ICC11SILREI
	EINSAPP-	Enrollment	Application for				NSAPP-
	AR	Form	Individual Ten Year				AR.pdf
			Term Life Insurance				

STERLING INVESTORS LIFE INSURANCE COMPANY

A Georgia Stock Company

Rome Georgia

Administrative Office

[7930 Century Boulevard]
[Chanhassen, MN 55317-8001]
[Toll Free: 877-451-9341]
[Toll Free: 800-852-5494]

Arkansas Insurance Department

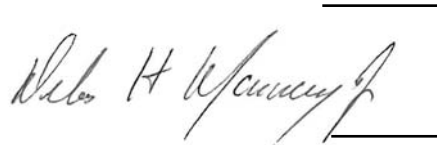
This Policy is a legal contract between the Policyowner named in the application and the Company named above. This Policy is issued to You in consideration of the Application and payment of premiums.

We will pay the Death Benefit set forth in the Policy Schedule, less any premium due; to the Beneficiary when We receive due proof that the Insured's death occurred while this Policy was in force. Proof of death must be received at Our Administrative Office. Our payments are subject to the terms and conditions of this Policy. A copy of the Application is attached to and made a part of this Policy.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY – PLEASE READ YOUR POLICY CAREFULLY – If for any reason You are not satisfied with this Policy, You may cancel it at any time within thirty (30) days of receiving it. This Policy must be returned to Our Administrative Office. If this Policy is so returned, We will void it from its date of issue and return all payments made to You. The Payments will be returned within ten (10) days after We receive the returned Policy.

A handwritten signature in cursive script, enclosed in a rectangular box.

Secretary

A handwritten signature in cursive script, enclosed in a rectangular box.

President

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO POLICY YEARS
NON-PARTICIPATING
NON-RENEWABLE**

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**STERLING INVESTORS LIFE INSURANCE COMPANY
ROME, GEORGIA**

Policy Schedule Page

Ten Year Level Term Life Insurance

Policyowner/Insured:	[John Doe]	Policy Number:	[1234567]
Issue Age:	[35]	Death Benefit: *	[\$5,000.00]
Date of Issue:	[September 29, 2010]	Expiration Date:	[September 29, 2020]

***This is the death benefit in the third policy year. For the first year the death benefit is 30% of the death benefit. For the second year the death benefit is 70% of the death benefit. For the third and subsequent years the death benefit will be as great as that shown above.**

Accidental Death Benefits

Accidental Death	\$20,000.00
Common Carrier Accident	\$40,000.00
Automobile Accident	\$80,000.00

Premiums

	<u>Annual</u>	<u>Semi Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Premium	[\$324.00]	[\$162.00]	[\$81.00]	[\$27.00]
Policy Fee	[\$24.00]	[\$12.00]	[\$6.00]	[\$2.00]
Total	[\$360.00]	[\$180.00]	[\$90.00]	[\$30.00]

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO POLICY YEARS
NON-PARTICIPATING
NON-RENEWABLE**

DEFINITIONS

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means the Age of the Insured on their last birthday.

“Application” means the form used to apply for this Policy as completed by You.

“Date of Issue” means the effective date of coverage under this Policy and the date from which Policy anniversaries and premium due dates are determined.

“Expiration Date” means the date that coverage under this Policy will end.

“Exclusion” means a risk We do not assume and this Policy will not cover.

“Insured” means the person on whose life coverage is based. The Insured is named on the Schedule Page.

“Injury” means an accidental bodily injury sustained by the insured which is a direct result of an accident. Independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while the insurance benefit is in force.

“Lapse” is the termination of this Policy of Coverage due to nonpayment of premium.

“Policyowner” means the individual who controls all rights and benefits. The Policyowner is named on the Schedule Page.

“Reinstatement” means restoring coverage after Coverage under this Policy has lapsed due to nonpayment of premiums.

“We,” “Us,” and “Our,” mean Sterling Investors Life Insurance Company.

“You” and “Your” mean the Policyowner.

GENERAL PROVISIONS

CONTRACT – The entire Contract consists of these Policy pages, Your attached Application and attached endorsements and riders, if any. All statements made in the issuance, reinstatement or renewal of this Policy shall, in the absence of fraud, be considered representations and not warranties. No statement made relating to insurability will be used in any contest unless it is contained in the Application and a copy has been furnished to You, the Insured, the Beneficiary or a personal representative.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Policy.

GRACE PERIOD – We allow a grace period of thirty-one (31) days, without interest, for the payment of any premium, after the first. This Policy will be continued in force during this period. If death of the Insured occurs during this grace period, We will deduct the unpaid premium from any amount payable under this Policy. The postmark of any premium payment sent by the United States Postal Service must be within the grace period.

PAYMENT OF PREMIUM – The initial premium is payable in advance of the Policy becoming effective. To keep this Policy in force each premium must be paid in advance. The premiums can be paid at Our Administrative Office. We will issue a receipt, signed by Our Secretary, for the premium. A premium not paid when due is in default at the end of the grace period. Any premiums paid beyond the Policy month of the date of death will be returned as part of the Death Benefit.

The premium amount and interval of payment are shown on the Schedule Page. You may change the mode of payment for any Policy on any Policy anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements.

INCONTESTABILITY – We cannot contest any claim for death occurring within two years from the date of issue of this Policy, during the life of the Insured, unless premiums were not paid. We can contest coverage based on a statement contained in the application attached to and made a part of this Policy. The statement used as a basis to contest this Policy must be material to the risk accepted and the hazard assumed by Us. We state in any riders attached to this Policy if the incontestability period for that rider is different from this Policy.

If this Policy is reinstated, explained in the reinstatement section, any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. This period begins with the day of reinstatement. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance of this Policy.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the Application, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. If the correct age is outside the issue age range for this Policy We will extrapolate a premium and benefit amount.

REINSTATEMENT – This Policy may be reinstated within five (5) years from the date of premium default. The Insured must provide a written reinstatement application and proof of insurability acceptable to Us. Our determination of the Insured's continued insurability must occur during the lifetime of the Insured.

POLICYOWNER – The Policyowner is named in the Application. You may use all rights and privileges granted in this Policy without the consent of any but an Irrevocable Beneficiary. You may transfer ownership of this Policy to a new owner. You must request any change in writing. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of owner is subject to any payments made or actions taken by Us prior to receiving Your written request.

If You do not survive the Insured and no contingent owner is named, the contingent owner will be Your spouse. If You do not have a spouse, the contingent owner will be the Insured for their respective coverage. If any Insured is a minor, the contingent owner of their coverage will be Your estate.

ASSIGNMENT – You may assign this Policy. The assignment must be in writing. The effective date of the assignment will be the date the request was signed. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment. We will not be liable for any payment made or action taken by Us before We receive Your request.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the Policy Date, Our liability will be limited to an amount equal to the premiums paid for this Policy.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Application. If You have reserved the right to change the Beneficiary, You may change the Beneficiary at any time during the lifetime of the Insured. The request to change the Beneficiary must be made to Us in writing. Any change will be subject to assignment of this Policy and the approval of each irrevocably named Beneficiary. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request. If no Beneficiary survives the Insured, the Policyowner becomes the Beneficiary. If no Beneficiary or the Policyowner survives the Insured, the Beneficiary will be the Insured's estate.

CONFORMITY WITH STATE LAWS – If any of the provisions of this Policy do not follow the laws of the state where the Application was signed, those provisions will be treated in accordance with the minimum requirements of those laws.

DEATH CLAIM – We will pay the Death Benefit set forth in the Policy Schedule Page, less any premium due, to the Beneficiary when We receive due proof of death of the Insured. Proof of death must show that death occurred while this Policy was in force. Payment will be made to the Beneficiary listed on the Application, unless We have been notified of a change of Beneficiary. We will pay the death benefit in one lump sum.

If death of the Insured occurs before the first policy anniversary, We will pay an amount equal to 30% of all the death benefit, less any premium due. If the death of the Insured occurs between the first and second policy anniversary, We will pay an amount equal to 70% of the death benefit, less any premium due. If death of the Insured occurs at any date after the second policy anniversary We will pay an amount equal to the face amount set forth in the Policy schedule page, less any premium due.

PAYMENT OF PROCEEDS – Payment of proceeds under this Policy will include premiums paid for any period beyond the end of the Policy month in which the death occurred, unless the refund of premiums is due some other person pursuant to the Policy provisions. We pay the proceeds of this Policy within thirty days (30) of death. If payment is not made within that time, interest will be paid on the proceeds or refund of premium.

ACCIDENTAL DEATH BENEFIT - We agree to pay the benefit amount shown on the Schedule Page to the beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Policy was in force. The proof of accidental death must show that death is not a direct result and is not caused by any one or more of the **Accidental Death Exclusions** outlined in this Policy. We will pay the accidental death benefit in one lump sum and in addition to any other amounts payable.

ACCIDENTAL DEATH EXCLUSIONS – These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 - 1. except when taken as prescribed by a physician;
 - 2. except the accidental ingestion of a poisonous food substance;
 - 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- (c) Bodily or mental infirmity, illness, or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – We will pay an amount equal to four times the Accidental Death Benefit if death occurs as defined in the following.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS and SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – We will pay an amount equal to two times the Accidental Death Benefit if death occurs as a result of an injury sustained while riding in a passenger automobile, traveling on a designated and maintained public roadway.

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO POLICY YEARS
NON-PARTICIPATING
NON-RENEWABLE**

ICC11MDBDMTST-AR

Application for Ten-Year Term Life Insurance
Sterling Investors Life Insurance Company
[7930 Century Boulevard, Chanhassen, MN 55317]

Benefits based on: [XX] year old [Gender]

YOU MUST complete the following:

Please correct any inaccurate information below.

[000000000000 00000000]

[May B. Doe]

[123 Anystreet, 3E]

[Yorton, SM 12345-6789]

Birth Date: _____ Male: ____ Female: ____

Telephone: (_____) _____

[Email: (optional) _____]

Cash benefit amounts: [\$XX,XXX.XX] death due to common carrier accident; [\$XX,XXX.XX] death due to auto accident;
[\$XX,XXX.XX] death due to accident; [\$XX,XXX.XX] death due to natural causes

Name your beneficiary (optional): _____ Relationship: _____

If no person is named here, the beneficiary will be: (1) your surviving spouse; otherwise, (2) your surviving children in equal shares; otherwise, (3) as provided in the insurance policy.

Health questions:

1. In the past five years, have you been diagnosed or treated by a physician or taken medication for heart disease (including congestive heart failure or heart surgery), cancer, lung disease (other than asthma), stroke, kidney disease, liver disease, AIDS, or tested positive for HIV? ☐ Yes ☐ No
2. Are you taking insulin injections for diabetes, or are you using oxygen to assist in breathing, confined to a hospital or nursing home, bedridden, confined to a wheelchair, or currently disabled due to illness? ☐ Yes ☐ No
3. In the past five years, have you received medical treatment for alcohol or drug addiction, or been convicted of a DUI or DWI? ☐ Yes ☐ No

Benefits listed above may vary based on confirmation of your birth date and gender.

If you answer "Yes" to any question above, you will be issued a policy with a graded death benefit.

I agree that: The information above is true and complete to the best of my knowledge. This application form will be the basis for and part of the policy. No insurance will take effect unless a policy is issued and the first premium is paid while I am alive and my health remains as stated above.

Do you intend to replace, discontinue or change an existing life insurance policy? _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X Sign your name: _____ Today's Date ____/____/____
Insured/Policyowner Mo. Day Yr.

ICC11DMTST-AR

[XXXXXXXXXXXXX]

APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE

Sterling Investors Life Insurance Company
[7930 Century Boulevard, Chanhassen, MN 55317]

Policy Number: _____

Insured: _____

Address: _____

City: _____ State: ____ Zip: _____

I understand that said policy will not be reinstated until this application has been approved by the Company and the necessary premium has been received. The following representations may be used as a basis for contest of a claim for not more than two (2) years after the date of such representation.

Health Questions:

1. In the past five years, have you been diagnosed or treated by a physician or taken medication for heart disease (including congestive heart failure or heart surgery), cancer, lung disease (other than asthma), stroke, kidney disease, liver disease, AIDS, or tested positive for HIV? ☐ Yes ☐ No
2. Are you taking insulin injections for diabetes, or are you using oxygen to assist in breathing, confined to a hospital or nursing home, bedridden, confined to a wheelchair, or currently disabled due to illness? ☐ Yes ☐ No
3. In the past five years, have you received medical treatment for alcohol or drug addiction, or been convicted of a DUI or DWI? ☐ Yes ☐ No

I have read the above questions and answers. I affirm that they are true to the best of my knowledge and belief. I understand that the Company will rely on my answers above in reinstating any life insurance hereunder.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature: _____ Today's Date: _____
Insured/Policyowner

<i>SERFF Tracking Number:</i>	<i>LHLI-127383069</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49765</i>
<i>Company Tracking Number:</i>	<i>ICC11MDBDMTST-AR ETAL WM</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Ten Year Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Certification of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	The application to be used with form is being submitted for approval and is attached to the forms tab	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Life & Annuity - Actuarial Memo	
Comments:		
Attachment:		
Graded Death Benefit Actuarial Memorandum.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachment:		
Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Authorization to file	

SERFF Tracking Number: LHLI-127383069 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
Company Tracking Number: ICC11MDBDMTST-AR ETAL WM
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Comments:

Attachment:

Authorization to file.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification of Compliance

Comments:

Attachment:

Certification of Compliance.pdf

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I, Elwood Whitacre, Secretary for Sterling Investors Life Insurance Company do hereby certify that the forms listed below have text that achieves a minimum score of 50.0 on the FLESCH reading ease test. The forms print in not less than ten (10) point type and one (1) point leaded, except for specification pages, any schedules and tables.

Policy Form(s):

ICC11MDBDMTST-AR – Individual Ten Year Term Life Insurance Policy with limited death benefit during the first two policy years

ICC11DMTST-AR – Application for Individual Ten Year Term Life Insurance Policy

ICC11SILREINSAPP-AR – Reinstatement Application for Individual Ten Year Term Life Insurance Policy

STERLING INVESTORS LIFE INSURANCE COMPANY



Elwood Whitacre, Secretary

August 30, 2011

Statement of Variability

All variables in the forms are bracketed

All variables are company information, applicant specific or are dependent on the death benefit chosen.

The death benefit in the first policy year is 30% of the death benefit. In the second policy year, the death benefit is 70% of the death benefit. These amounts will be dependent on the death benefits chosen by the applicant

The death benefit in the third and subsequent policy years is the death benefit amount. This amount will be dependent on the death benefit chosen by the applicant.

Premiums are level and payable for ten years during the life of the insured. Separate premiums exist for males and females. Premium amounts are dependent on each applicant's choice of coverage amount, age and sex.

Issue Ages are 20 through 69. The issue age is specific to each applicant.

The company administrative office information is variable to the extent that the company may at some future date change the office location or the phone number.

The Arkansas Department of Insurance phone number is variable to the extent that the insurance department may find it necessary to change its phone number.

The officer's signatures may change due to retirement or other unforeseen circumstance.

No text of any of the provisions of these forms is variable.



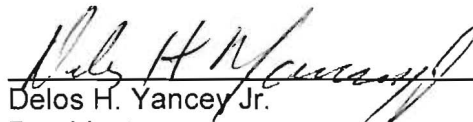
STERLING INVESTORS LIFE INSURANCE COMPANY

210 E. Second Avenue
Ste.105
Rome, Georgia 30161
Tel (706) 235-8154
Fax (866) 889-4054

August 19, 2011

Lincoln Heritage Life Insurance Company, located at 4343 E. Camelback Road, Phoenix AZ 85018, is hereby authorized in its capacity as Sterling Investors Life Insurance Company's reinsurer, to file on behalf of Sterling Investors Life Insurance Company forms, rates and advertising materials for the Company's Direct Market Life Insurance policies with the state insurance departments and correspond with state insurance departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.



Delos H. Yancey Jr.
President

Certification of Compliance

Sterling Investors Life Insurance Company

As specified in the Arkansas Insurance Regulations, I do hereby certify that the Company has reviewed the contents of Arkansas Rule and Regulation 19 and to the best of its knowledge and belief this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Insurance Department.

Enclosed policy forms:

ICC11GDBDMTST-AR
ICC11DMTST-AR
ICC11SILREINSAPP-AR



Elwood Whitacre, Secretary

September 15, 2011

Date

SERFF Tracking Number: LHLI-127383069 State: Arkansas
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 49765
 Company Tracking Number: ICC11MDBDMTST-AR ETAL WM
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Individual Ten Year Term Life Insurance
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/23/2011	Form	Individual Ten Year Term Life Insurance Policy with Limited death benefit	09/15/2011	ICC11GDBDMTST-AR.pdf (Superceded)

STERLING INVESTORS LIFE INSURANCE COMPANY

A Georgia Stock Company

Rome Georgia

Administrative Office

[7930 Century Boulevard]
[Chanhassen, MN 55317-8001]
[Toll Free: 877-451-9341]
[Toll Free: 800-852-5494]

Arkansas Insurance Department

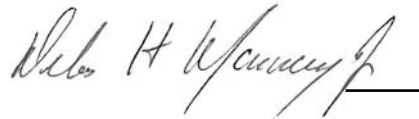
This Policy is a legal contract between the Policyowner named in the application and the Company named above. This Policy is issued to You in consideration of the Application and payment of premiums.

We will pay the Death Benefit set forth in the Policy Schedule, less any premium due; to the Beneficiary when We receive due proof that the Insured's death occurred while this Policy was in force. Proof of death must be received at Our Administrative Office. Our payments are subject to the terms and conditions of this Policy. A copy of the Application is attached to and made a part of this Policy.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY – PLEASE READ YOUR POLICY CAREFULLY – If for any reason You are not satisfied with this Policy, You may cancel it at any time within thirty (30) days of receiving it. This Policy must be returned to Our Administrative Office. If this Policy is so returned, We will void it from its date of issue and return all payments made to You. The Payments will be returned within ten (10) days after We receive the returned Policy.



Secretary



President

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO POLICY YEARS
NON-PARTICIPATING
NON-RENEWABLE**

POLICY CONTENTS

	Pages
Read Your Policy Carefully.....	1
Right to Cancel.....	1
Policy Contents.....	2
Policy Schedule Page.....	3
Definitions.....	4
 General Provisions	
Contract.....	5
Modification of Contract.....	5
Grace Period.....	5
Payment of Premium.....	5
Incontestability.....	5
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Policyowner	6
Assignment.....	6
Suicide.....	6
Change of Beneficiary.....	6
Conformity with State Laws.....	6
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Payment of Proceeds.....	7
Accidental Death Benefit.....	7
Accidental Death Exclusions.....	7
Special Common Carrier.....	7
Passenger Automobile.....	8
 Application - Attached	

**STERLING INVESTORS LIFE INSURANCE COMPANY
ROME, GEORGIA**

Policy Schedule Page

Ten Year Level Term Life Insurance

Policyowner/Insured:	[John Doe]	Policy Number:	[1234567]
Issue Age:	[35]	Death Benefit: *	[\$5,000.00]
Date of Issue:	[September 29, 2010]	Expiration Date:	[September 29, 2020]

***This is the death benefit in the third policy year. For the first year the death benefit is 30% of the death benefit. For the second year the death benefit is 70% of the death benefit. For the third and subsequent years the death benefit will be as great as that shown above.**

Accidental Death Benefits

Accidental Death	\$20,000.00
Common Carrier Accident	\$40,000.00
Automobile Accident	\$80,000.00

Premiums

	<u>Annual</u>	<u>Semi Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Premium	[\$324.00]	[\$162.00]	[\$81.00]	[\$27.00]
Policy Fee	[\$24.00]	[\$12.00]	[\$6.00]	[\$2.00]
Total	[\$360.00]	[\$180.00]	[\$90.00]	[\$30.00]

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO POLICY YEARS
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DEFINITIONS

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means the Age of the Insured on their last birthday.

“Application” means the form used to apply for this Policy as completed by You.

“Date of Issue” means the effective date of coverage under this Policy and the date from which Policy anniversaries and premium due dates are determined.

“Expiration Date” means the date that coverage under this Policy will end.

“Exclusion” means a risk We do not assume and this Policy will not cover.

“Insured” means the person on whose life coverage is based. The Insured is named on the Schedule Page.

“Injury” means an accidental bodily injury sustained by the insured which is a direct result of an accident. Independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while the insurance benefit is in force.

“Lapse” is the termination of this Policy of Coverage due to nonpayment of premium.

“Policyowner” means the individual who controls all rights and benefits. The Policyowner is named on the Schedule Page.

“Reinstatement” means restoring coverage after Coverage under this Policy has lapsed due to nonpayment of premiums.

“We,” “Us,” and “Our,” mean Sterling Investors Life Insurance Company.

“You” and “Your” mean the Policyowner.

GENERAL PROVISIONS

CONTRACT – The entire Contract consists of these Policy pages, Your attached Application and attached endorsements and riders, if any. All statements made in the issuance, reinstatement or renewal of this Policy shall, in the absence of fraud, be considered representations and not warranties. No statement made relating to insurability will be used in any contest unless it is contained in the Application and a copy has been furnished to You, the Insured, the Beneficiary or a personal representative.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Policy.

GRACE PERIOD – We allow a grace period of thirty-one (31) days, without interest, for the payment of any premium, after the first. This Policy will be continued in force during this period. If death of the Insured occurs during this grace period, We will deduct the unpaid premium from any amount payable under this Policy. The postmark of any premium payment sent by the United States Postal Service must be within the grace period.

PAYMENT OF PREMIUM – The initial premium is payable in advance of the Policy becoming effective. To keep this Policy in force each premium must be paid in advance. The premiums can be paid at Our Administrative Office. We will issue a receipt, signed by Our Secretary, for the premium. A premium not paid when due is in default at the end of the grace period. Any premiums paid beyond the Policy month of the date of death will be returned as part of the Death Benefit.

The premium amount and interval of payment are shown on the Schedule Page. You may change the mode of payment for any Policy on any Policy anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements.

INCONTESTABILITY – We cannot contest any claim for death occurring within two years from the date of issue of this Policy, during the life of the Insured, unless premiums were not paid. We can contest coverage based on a statement contained in the application attached to and made a part of this Policy. The statement used as a basis to contest this Policy must be material to the risk accepted and the hazard assumed by Us. We state in any riders attached to this Policy if the incontestability period for that rider is different from this Policy.

If this Policy is reinstated, explained in the reinstatement section, any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. This period begins with the day of reinstatement. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance of this Policy.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the Application, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. If the correct age is outside the issue age range for this Policy We will extrapolate a premium and benefit amount.

REINSTATEMENT – This Policy may be reinstated within five (5) years from the date of premium default. The Insured must provide a written reinstatement application and proof of insurability acceptable to Us. Our determination of the Insured's continued insurability must occur during the lifetime of the Insured.

POLICYOWNER – The Policyowner is named in the Application. You may use all rights and privileges granted in this Policy without the consent of any but an Irrevocable Beneficiary. You may transfer ownership of this Policy to a new owner. You must request any change in writing. The effective date of the change will be the date You signed the request unless You specify another date in the request. The change of owner is subject to any payments made or actions taken by Us prior to receiving Your written request.

If You do not survive the Insured and no contingent owner is named, the contingent owner will be Your spouse. If You do not have a spouse, the contingent owner will be the Insured for their respective coverage. If any Insured is a minor, the contingent owner of their coverage will be Your estate.

ASSIGNMENT – You may assign this Policy. The assignment must be in writing. The effective date of the assignment will be the date the request was signed. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment. We will not be liable for any payment made or action taken by Us before We receive Your request.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the Policy Date, Our liability will be limited to an amount equal to the premiums paid for this Policy. If the Insured, whether sane or insane, dies by suicide within two years from the date of reinstatement, Our liability will be limited to an amount equal to the premiums paid for this Policy from the date of reinstatement.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Application. If You have reserved the right to change the Beneficiary, You may change the Beneficiary at any time during the lifetime of the Insured. The request to change the Beneficiary must be made to Us in writing. Any change will be subject to assignment of this Policy and the approval of each irrevocably named Beneficiary. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request. If no Beneficiary survives the Insured, the Policyowner becomes the Beneficiary. If no Beneficiary or the Policyowner survives the Insured, the Beneficiary will be the Insured's estate.

CONFORMITY WITH STATE LAWS – If any of the provisions of this Policy do not follow the laws of the state where the Application was signed, those provisions will be treated in accordance with the minimum requirements of those laws.

DEATH CLAIM – We will pay the Death Benefit set forth in the Policy Schedule Page, less any premium due, to the Beneficiary when We receive due proof of death of the Insured. Proof of death must show that death occurred while this Policy was in force. Payment will be made to the Beneficiary listed on the Application, unless We have been notified of a change of Beneficiary. We will pay the death benefit in one lump sum.

If death of the Insured occurs before the first policy anniversary, We will pay an amount equal to 30% of all the death benefit, less any premium due. If the death of the Insured occurs between the first and second policy anniversary, We will pay an amount equal to 70% of the death benefit, less any premium due. If death of the Insured occurs at any date after the second policy anniversary We will pay an amount equal to the face amount set forth in the Policy schedule page, less any premium due.

PAYMENT OF PROCEEDS – Payment of proceeds under this Policy will include premiums paid for any period beyond the end of the Policy month in which the death occurred, unless the refund of premiums is due some other person pursuant to the Policy provisions. We pay the proceeds of this Policy within thirty days (30) of death. If payment is not made within that time, interest will be paid on the proceeds or refund of premium.

ACCIDENTAL DEATH BENEFIT - We agree to pay the benefit amount shown on the Schedule Page to the beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Policy was in force. The proof of accidental death must show that death is not a direct result and is not caused by any one or more of the **Accidental Death Exclusions** outlined in this Policy. We will pay the accidental death benefit in one lump sum and in addition to any other amounts payable.

ACCIDENTAL DEATH EXCLUSIONS – These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 - 1. except when taken as prescribed by a physician;
 - 2. except the accidental ingestion of a poisonous food substance;
 - 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- (c) Bodily or mental infirmity, illness, or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – We will pay an amount equal to four times the Accidental Death Benefit if death occurs as defined in the following.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS and SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – We will pay an amount equal to two times the Accidental Death Benefit if death occurs as a result of an injury sustained while riding in a passenger automobile, traveling on a designated and maintained public roadway.

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
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ICC11MDBDMTST-AR